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07/05/2006 ZJUHAR2 00000014 501051		10706105			DEENA) J. N	IUTT	(Depositor's name)	
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA				-	Ween	uy/suu	(Signature)	
				Ĺ	27 1	UNIE 2006	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/706,105	11/12/2003	Yoseph Yaacob				2188 F US	6501	
TITLE OF INVENTION: OPTHALMIC DRUG DELIVERY DEVICE								
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUI	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	09/19/2006	
EXAMINER		ART UNIT		CLA	ASS-SUBCLASS			
CORRIGAN	. 3767			604-290000				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the pages of years of years attempted patent attempted.								
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"Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	(2) the name of a single firm (having as registered attorney or agent) and the nam 2 registered patent attorneys or agents. If listed, no name will be printed.			ittorneys or agents. If	no name is 3	•		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
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(A) NAME OF ASSIGNEE (B) RESIDENCE					CE: (CITY and STATE OR COUNTRY)			
ALCON, INC.		HUNENBERG, SWITZERLAND						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗴 Corporation or other private group entity								
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a. Applicant claims Sl	MALL ENTITY status. Sec	37 CFR 1.27.	b. Applican	nt is no l	onger claiming SMAI	LL ENTITY status. See 37 C	CFR 1.27(g)(2).	
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